

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Laxmaiah Manchikanti MD

Mailing Address 2075 Natchez Lane

City

Paducah

State

KY

Zip Code

42001

FEC ID number of contributing
federal political committee.

C

Name of Employer

PMCP PSC

Occupation

Medical Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 05 / 2015

Transaction ID : SA11AI.11469

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vivekanand Manocha MD

Mailing Address 478 N. Main Street

City

Springboro

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Spine Intervention

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 17 / 2015

Transaction ID : SA11AI.11491

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. W. Stephen Minore MD

Mailing Address 2202 Harlem Rd.

City

Loves Park

State

IL

Zip Code

61111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Anest. Assoc.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.11466

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00